



BENTON-FRANKLIN  
DISTRICT HEALTH DEPARTMENT  
ENVIRONMENTAL HEALTH  
800 W CANAL DRIVE  
KENNEWICK, WA 99336  
(509) 582-7761 Ext. 246  
(800) 814-4323

FOR OFFICE USE ONLY

**APPLICATION TO OPERATE A FOOD SERVICE ESTABLISHMENT**

[ ] NEW CONSTRUCTION [ ] REMODELING [ ] MENU CHANGE [ ] CHANGE OF OWNERSHIP

All information requested in the plan and menu review process document must accompany this application and be approved by this department prior to beginning construction or operation, or implementing menu changes.

DATE OF APPLICATION \_\_\_\_\_ PROPOSED OPENING DATE \_\_\_\_\_

1. PROPOSED ESTABLISHMENT NAME \_\_\_\_\_

Physical Address \_\_\_\_\_

Telephone Number \_\_\_\_\_

Mailing Address (For newsletters & local updates. This should be a local address).

\_\_\_\_\_

2. ESTABLISHMENT OWNER'S NAME \_\_\_\_\_

3. DAYTIME PHONE \_\_\_\_\_ EVENING PHONE \_\_\_\_\_

4. BILLING INFORMATION:

Name of Responsible Party \_\_\_\_\_

Billing Address \_\_\_\_\_

Telephone Number \_\_\_\_\_

5. TYPE OF ESTABLISHMENT: (CHECK ALL APPLICABLE CATEGORIES )

[ ] **Restaurant**

[ ] With Lounge

[ ] Satellite Kitchen(s) \_\_\_\_\_

[ ] **Grocery**

[ ] With Deli

[ ] With Meat Dept.

[ ] With Bakery

[ ] With MAP

[ ] Other \_\_\_\_\_

[ ] **Alcohol Service**

[ ] Wine Tasting Room

[ ] Tavern

[ ] **Retail Bakery**

[ ] **School**

[ ] **Other** \_\_\_\_\_

6. DAYS AND HOURS OF OPERATION \_\_\_\_\_

7. a. SEATING CAPACITY \_\_\_\_\_ b. SQUARE FOOTAGE \_\_\_\_\_

c. NUMBER OF EMPLOYEES PER SHIFT \_\_\_\_\_

8. a. NUMBER OF FOOD PREPARATION SINKS \_\_\_\_\_

b. NUMBER OF HANDWASHING SINKS \_\_\_\_\_

9. a. NUMBER OF REFRIGERATORS \_\_\_\_\_
- b. NUMBER OF FOOD PREPARATION REFRIGERATORS (Sandwich Table, etc.) \_\_\_\_\_
- c. NUMBER OF FREEZERS \_\_\_\_\_
10. COOKING EQUIPMENT USED:    ☐ Oven                      ☐ Stove                      ☐ Fryer  
    ☐ Microwave              ☐ Steamer                  ☐ N/A  
    ☐ Grill                      ☐ Broiler                  ☐ \_\_\_\_\_
- a. VENTILATION HOOD:            ☐ Yes                      ☐ No
11. HOT HOLDING EQUIPMENT USED: ☐ Steam Table              ☐ Slow Cooker              ☐ N/A  
    ☐ Hot Case                  ☐ Other \_\_\_\_\_
12. METHOD OF DISHWASHING      ☐ 3-compartment sink  
    ☐ Dishwasher and 2-compartment sink
13. NUMBER OF RESTROOMS \_\_\_\_\_
14. SEWAGE DISPOSAL:              ☐ Municipal                  ☐ On-site septic system
15. WATER SUPPLY:                  ☐ Municipal                  ☐ On-site well
16. GARBAGE DISPOSAL COMPANY \_\_\_\_\_

CONTACT THIS OFFICE REGARDING ANY CHANGES TO AN APPROVED PLAN.

I certify by signature, that I am the owner of the establishment or his/her designee. I further certify that I grant permission to allow the Health Officer and/or his/her representative(s) to enter said establishment at their discretion for the purposes of application, evaluation, pre-operational inspection, routine inspection or any subsequent inspections or investigations. I understand if food is suspected of being contaminated and a threat to public health and/or in violation of WAC 246-215, said food will be voluntarily removed from human food channels by myself and/or my designee in the presence of the Health Officer. I understand that any food service operating permit may be immediately suspended or revoked for failure to comply with Benton-Franklin District Board of Health Regulations or the WAC 246-215. In the event of suspension or revocation of my food service permit, I will be required to immediately cease and desist all food service operations until such time as a new permit, or continued operation is authorized by the Health Officer.

\_\_\_\_\_  
 APPLICANT'S SIGNATURE

APPLICANT'S NAME \_\_\_\_\_

APPLICANT'S ADDRESS \_\_\_\_\_

NOTE: This application makes no claim as to compliance with requirements of other state, county, or city agencies. It is the applicant's responsibility to contact these departments.